PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10121263

Encouve December 0, 2004										7 (7)	# 1	
CLAIMS AS FILED - PART								SMALL E	NTITY	— OF		R THAN L ENTITY
U.S. NATIONAL STAGE FEES			(Colt	ımn 1)	 	(Column 2)	7	RATE		7		
┝		L STACE LEES	51411.51			OS 547	\dashv	ļ	FEE	- _	RATE	FEE
BASIC FEE			Satisfies PC1	NT. = \$ 150		tGE ENT. = \$ 300 other situations =	4	BASIC FEE	150	-	BASIC FEE	
EX	AMINATION I	(4) = \$	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200	4	EXAM. FEE	100	_	EXAM. FEE		
SE	ARCH FEE	-	ALL other of	ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE	30		SEARCH FEE	· .
FE	E FOR EXTRA	SPEC. PGS.	mi	minus 100 =		/ 50 =		X \$ 125 =	:	_]	X \$ 250 =	
то	TAL CHARGE	ABLE CLAIMS	58"	58 minus 20 =		. 38		X \$ 25 =	950	OR	X \$ 50 =	
IND	EPENDENT C	CLAIMS	4	minus 3 =	•	/		X \$ 100 =	100	OR	X \$ 200 =	
MU	LTIPLE DEPE	NDENT CLAIM PR	RESENT					+\$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0"						olumn 2	-4	TOTAL	156	OR	TOTAL	
		CLAIMS AS (Column 1)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL				
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F		R PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							•	TOTAL ADDIT. FEE	 ·	ÓR	TOTAL ADDIT. FEE	
		(Column 4)		(Caluma	- 2\	(Column 3)						
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHE: NUMBE PREVIOU PAID FO	ST IR SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	I nd ependent	•	Minus	***		=	Ī	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				AIM		Ī	+ \$ 180 =		OR	+ \$ 360 =	
			-	TOTAL ADDIT. FEE		OR I	FEE					
K	the "Highest Nu The "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid iber Previously Paid i	For IN THIS SP For IN THIS SP	ACE is less th ACE is less th	an '20', an '3', c	enler "20". enter "3".	n the	appropriate box	in column 1.			

FORM PTO-876 (Rev. 02/2005)

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